



CITIZEN ACTION REQUEST
DUVALL-CARNATION POLICE DEPARTMENT
PO BOX 1500
26225 NE STEPHENS STREET
DUVALL, WA 98019



Citizen Requesting Action: _____

Home Address: _____

Daytime Phone: () _____ Home Phone: () _____

Location of Action Requested: _____

Detailed description of request (be as specific as possible): _____

What can be done to correct this? _____

Do you want staff to call you back? ☐ Yes ☐ No

FOR CITY USE ONLY

Date request received: _____

Received by: _____

Sent for response and actions to (check only one):

☐ Shift Sergeant ☐ Records Clerk

☐ Duty Sergeant ☐ Records Manager

☐ Commander ☐ City Clerk

☐ Chief ☐ Other: _____

FOR DEPARTMENTAL FOLLOW-UP

Initial Response:

By whom: _____

When: _____

Final Response:

By whom: _____

When: _____

Solution/Response: _____

copied to: _____